

# Growing Peer Support

PEER-LED CRISIS SUPPORT IN MENTAL HEALTH SERVICES

by Simon Duffy





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IN MENTAL HEALTH SERVICES

by **Simon Duffy**

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**People Focused Group**



"The home of peer support"

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# SUMMARY



PFG Doncaster has emerged as one of the most powerful and inspirational versions of peer support in the world. Starting as an advocacy group for people with mental health problems it has become a powerful source of mutual support and social change, working in partnership with statutory services, but also retaining its own unique role and values.

At the very end of 2019 it began to offer a ground-breaking service - Safe Space - a truly peer-led crisis response service for people experiencing a mental health breakdown. During 2020 and into 2021, despite the impact of the COVID-19 pandemic, it has continued to provide this vital, life-saving, support to the citizens of Doncaster. PFG Doncaster not only set this service up more quickly than any other organisation, it also maintained the service, despite the constraints and limitations created by the pandemic. At the same time PFG adapted and changed its own overall way of working to ensure all its peer members stayed safe and strong.

Today PFG is looking forward to working with local leaders to build on this success, to continue the reforms of mental health services, with an even greater commitment to genuinely community-based support. There are challenges ahead - funding remains uncertain and there are competing conceptions of peer support - but PFG has shown that it can respond to new challenges and continually raise our expectations of what we can all do - when people help people.

## **Dedication**

This report is produced in loving memory of all the members of  
PFG who are no longer with us:

Mick, John, Miriam, Erica, Bob, Alan, Alfredo, Eva, Michael,  
Pearl, Lewis, Ann, Harry. And we especially remember Sam,  
Simon and Kestrel, who died by suicide.



# INTRODUCTION

In my role as Director of the Centre for Welfare Reform I am lucky enough to work with some great people around the world. The work itself is not always joyful. Often we are trying to work together to challenge profound injustices, exclusion, poverty and massive institutional power. But in this work we often find joy in friendship, common purpose and sometimes in success - making a real difference.

But if I was to pick one group who have given me more joy than any other it is the peer support group PFG Doncaster. I remember very clearly, in 2010, meeting Kelly Hicks, who had just left a secure job as a social worker, to establish herself as an independent social worker. Shortly afterwards Kelly introduced me to the group she had helped to establish. The group members asked me why people with mental health problems could not get personal budgets and they began to tell me about their dreams for a better mental health system.

A little later this group became PFG Doncaster, which at first meant the Personalisation Forum Group. Very quickly they started working together, saving lives and winning awards. Later the group became the People Focused Group as they discovered that the most important thing they needed was neither a personal budget nor a better mental health system. What they really needed was what they already had - each other. Peer support proved to be the real key to success.

Over the years the Centre for Welfare has continued to try to help PFG Doncaster in its work. We've tried to document that work in reports and charts. We've helped create an outcome monitoring systems to help PFG Doncaster work better with statutory partners. We've also helped with communications, the logo, emails and the website. In other words, we've tried to help with some of the nerdy stuff in the background that can get in the way of the real work.

For me the great joy of working with PFG is the way in which they radically overturn everyone's expectations and constantly surprise me by what they achieve. Expect the unexpected. They achieve great things, they believe in each other, and they never stop. They never say - that's it now - we're finished, we have the perfect approach, let's just stay the same.

**But that raises the challenge that this paper explores:**

*"How do we spread the success of PFG Doncaster?"*

**Friends or critics can rightly say:**

*"This isn't some simple model that can just be commissioned, implemented or scaled."*

That's true, for human beings are not models you can commission, implement or scale. Human beings are created with passion, just as families are created with love and

community is created by working together over time. If we want to build on the success of PFG we need to avoid simplistic, mechanical or industrial metaphors. In fact the word 'build' is probably unhelpful - we probably need to stop thinking mechanically or commercially.

I suspect that instead we need to start thinking biologically, ecologically and sustainably. We need to think about how we can grow the success of PFG, how PFG can spread, give seed and nurture new developments in different places.

**Peer support is not a fixed model. There is no job description for being a peer supporter. You can't buy it and you can't sell it. But what you can do is celebrate it, protect it and nurture it.**

This paper offers some first thoughts on how we might begin.

# 1. The beginning of PFG

PFG Doncaster has come to stand as an international exemplar of high quality peer support (Duffy et al. 2019). However at its birth it was not obvious how PFG Doncaster would develop. The group emerged naturally from best practice in social work; a social worker free to enact the best principles of her profession, supporting people by connecting, empowering and challenging them to face the problems they face together.

Kelly Hicks, had worked for many years in statutory social work, and when she left she decided to provide free support to people with mental health problems in Doncaster who felt that the current mental health system was not offering them the help they really needed. In particular the system failed to create a way in which people with mental health problems could access personal budgets or personal health budgets.

However Kelly did not restrict herself to individual case work. She encouraged people to see each other as a community and to begin advocating as a community. Even at the very beginning of PFG's development Hicks had a clear sense of how peer support could come to mean something much more powerful:

*“Hicks acknowledges that peer support has been around in mental health in various guises for years, such as small informal self-help groups. However, she believes that there is ‘definitely’ an appetite for pushing the boundaries of what peer support can achieve. She sees this in the way PFG members have forged a mutual commitment to advocate for one another, as well as reaching out to statutory services in a positive way to encourage partnership. The demonstrable savings peer support can make is another reason its time may be about to arrive.”*

Mary O'Hara in The Guardian (2012)

Good social work theory stresses the need to empower people to connect, advocate and support each other. However professional practice often seems to drive social workers to work within much narrower boundaries and to keep things ‘professional’ - which has often become code for keeping things ‘impersonal’. It is often very hard to advocate for rights within a system where resources are not just constrained, but where they are often being cut or spent on inappropriate services. Freed from these restrictions Hicks was able to do what social workers can and should do; this in turn led to her winning the 2011 Adult Social Worker of the Year Award.

Relatively quickly the individuals formed themselves into an organised group. At first, they were called the Personalisation Forum Group, which stressed their desire to make systems of self-directed support, personal budgets and personalisation available to people with mental health problems. However later the group changed its name to the People Focused Group. This name change reflected deeper changes that were going on as the group found its feet. The work of the group gained national attention through first

winning Regional Great British Care Award for Putting People First in 2010 and then the National Great British Care Award for Personalisation in 2011.

One of the key moments of change for the group was described in the 2012 publication *Peer Power* which outlines the evolution of the group (Duffy, 2012). Lisa, who had suffered from severe depression in the past, began to feel an acute crisis coming on, and so she contacted the Mental Health Crisis Team. Unfortunately no help was available. Here Lisa tells part of her story:

*I am a 53 year old woman with multiple severe and enduring mental health diagnoses. From my teenage years I have experienced repeated hospital admissions - some lasting for several months. I am part of the PFG because I believe passionately that people with mental health problems need to have some control of an otherwise out-of-control existence.*

*My last hospital admission was triggered by the sudden and unexpected death of my father. I am still grieving and find it difficult to deal with this loss. For over four weeks after his death I repeatedly asked the mental health service for more help. I could see the signs from my previous experiences: the voices, the visions, the lack of energy and losing touch with reality. Help was not forthcoming and I reached a point where I no longer knew that I was ill. I ended up driving to Filey where I had every intention of ending my life.*

*I spoke on my mobile to a member of the PFG who stayed on the phone and gave me instructions and directions to walk into a police station. I have no real memory of this time, I just know that at this point someone had to take control for me. The following days are a haze but I spent a frightening night in a hospital at Scarborough and then was transported back to the hospital in Doncaster.*

---

Quote from *Peer Power* (2012)

This story marked a turning point for the group and for Lisa. After Lisa's admission the group began to see their role as being to directly support Lisa, to visit her in hospital and to help her return home as soon as possible. The group even started sharing their limited personal income to enable people to pay the bus fare necessary to visit Lisa (Fulton & Winfield, 2011). Lisa left hospital in days - instead of months - and the group discovered that they had a power to make change happen that they had not previously realised - the power of peer support.

In the early days the group developed the Support Buddies approach and began to create some simple methods of accounting which were not unlike time-banking (Hicks & Hyde, 2011). This approach stressed the mutuality implicit in peer support:

*"Having someone to go with me to appointments is the difference between me taking care of myself or not."*

*"Being able to support someone else takes me away from my own problems...it's like a break from me."*

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Two quotes from *Support Buddies* (2012)

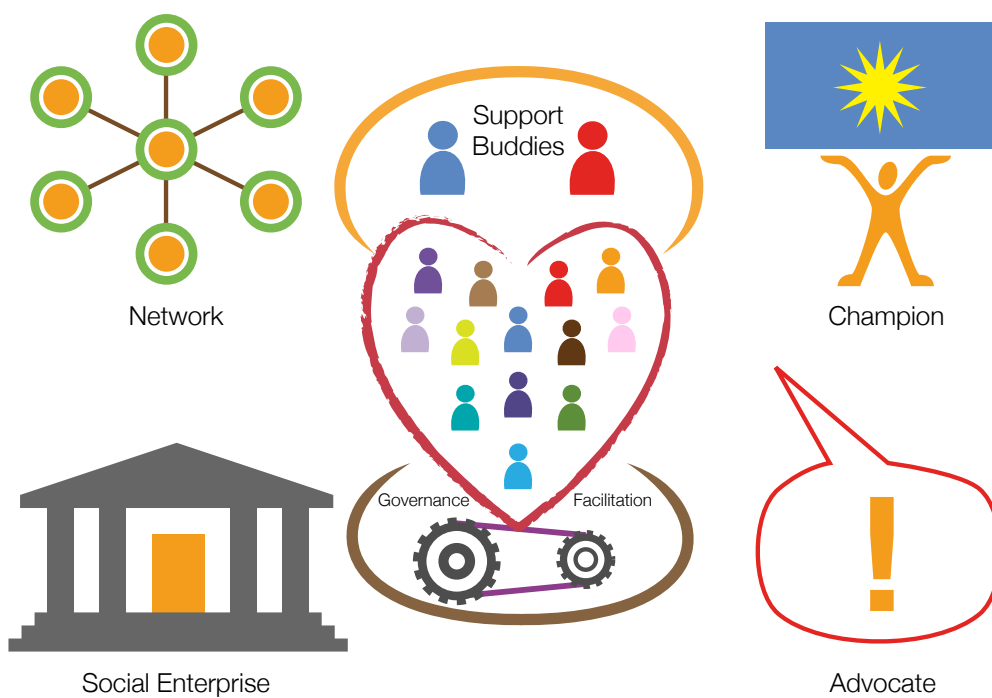


FIGURE 1. The PFG Model (2012)

The group estimated that in 90% of cases they no longer contacted the crisis team, for they could now talk to their peers. In our 2012 report we were able to use the group's Support Buddies data to estimate that the group had provided 13,000 hours of practical support with an approximate value of £250,000 by a combination of:

- Attending appointments - medical appointments, benefits etc.
- Social activities - swimming, gym, sports events, cafes etc.
- Moving homes - packing, shifting, unpacking and support
- Transport - getting peers to essential appointments
- Hospital visits - daily visits from their peers, help to sort things out home
- Telephone support - members ring each other for support and advice
- Help with bureaucracy - support to complete forms, write letters etc.
- Arts and crafts - sharing time, skills and meeting together
- Daily living - help with shopping and budgeting
- Crisis intervention - staying at each other's home, giving people somewhere to stay
- Talking therapies - learning and practising peer-to-peer therapy
- Planning - learning and facilitating planning for mental health recovery

However, over time, this kind of time-banking seemed too limiting and the group's ambitions grew. Mutual support would continue to be an essential part of the group's activities. But when helping is also being helped, and when one person's crisis can't be neatly balanced out with another person's friendliness or creativity, then it seemed that trying to keep count was rather redundant.

Increasingly the focus of the group began to shift to the group working together, not just to help each other, but also to create a better community for everyone. While exploring the role of PFG with its members it was clear that the idea of peer support was already quite broad (Duffy, 2012):

1. **Support buddies** - people helping each other, but as members of a wider community
2. **Advocates** - helping people get what they need from systems and services
3. **Network hub** - building bridges with people, organisations and statutory services
4. **Social enterprise** - finding ways to generate action and make community change happen
5. **Champions** - fearlessly speaking up and representing the people getting left out
6. **Facilitation** - a small number of people focused on facilitation and support to the group
7. **Governance** - a collective and democratic framework to protect and host the group

As the group began to work on local projects, like supporting the Yorkshire Wildlife Park and developing more collective forms of action and mutual support, there was an increasing need to find real world places where people could come together.

St Peter-in-Chains offered an early base and office. Then, at the beginning of 2012, PFG Doncaster found its permanent home. The Wellness Centre was an old community health building that was no longer being used. It was based in Intake, a large neighbourhood, just to the east of Doncaster town centre. As PFG took firm root in Intake so a new chapter in its life began.

## 2. The Wellness Centre

The importance of the Wellness Centre in the development of PFG Doncaster may seem paradoxical. For one of underlying principles that has always inspired PFG has been the belief that people with mental health problems do not want to be put in special or isolated places. As one group members put in 2012:

*“I don’t want the kind of day-centre-style of mental health service that is available. They put people in dirty buildings with little opportunity to do much other than play scrabble. I am intimidated and frightened and it does not offer any real support. I want to be supported in the real world and in real life; I don’t want these services from the past.”*

Quote from Peer Power (2012)

Yet once the group were able to take control of their own building it proved a very useful tool and has given the group a stronger foundation for:

- Mutual support - a place to meet, plan, organise, cook and eat
- Welcome - a place where other citizens of Doncaster can turn up and get a friendly welcome
- Outreach - a place for organising community actions, connections and networks

Since 2012 PFG, rooted at the Wellness Centre has grown stronger and more effective. The PFG website provides an overview of some of the different milestones (PFG, 2021) but here are a few highlights for each year:

**2012** - Support for people to find work and organising the local Winter Wonderland Festival

**2013** - Organised a clothes bank and began training in Talk for Health

**2014** - Creating bumping spaces across Doncaster and won Doncaster’s Third Sector Business of the Year Award

**2015** - Featured on national and international television and organised a Celebrating Peer Support event

**2016** - Supported Doncaster’s first gay marriage and set up a community café

**2017** - Created a residential adult education event

**2018** - Worked on suicide prevention and featured on BBC One Show for organising a fencing course for Muslim women

**2019** - PFG won Doncaster Chambers Business of The Year Award for Partnership Working

One member of PFG, who has been with the group since the beginning described how he'd moved from being a dissatisfied user of existing mental health services into a leader and advocate:

*“I’ve done WRAP (Wellness and Recovery Action Planning) training and presented at seminars to mental health professionals.... I am more than just coping. I am living.”*

PFG’s work is also being shared across other communities, for instance Muslim women, inspired by PFG, are now using peer support. One woman who had experienced brutal domestic violence could now say:

*“I’m not scared any more.”*





## Funding peer support

All of this work was carried out with minimal support from independent and statutory funders (and very often no support). In 2015 the Centre carried out a second economic analysis of the value of PFG’s work (2015) during 2013 and 2014. Some of the headline findings include:

- PFG family was 408 people, of whom 3 were paid
- The time spent providing support to others or to the community was equivalent to the work of 45 full time people
- The average income of PFG was £79,000 per year
- The effective cost of an hour of PFG support was therefore £1.01 hour - radically more efficient than any other mental health services, which ranged in cost from £4 to £50 per hour

In this same report we noted that while statutory services were investing only a few thousand pounds a year in PFG the cost of that support, if it had to be paid for would have cost anywhere between £0.5-2.75 million depending on the way in which you calculated the equivalent costs.

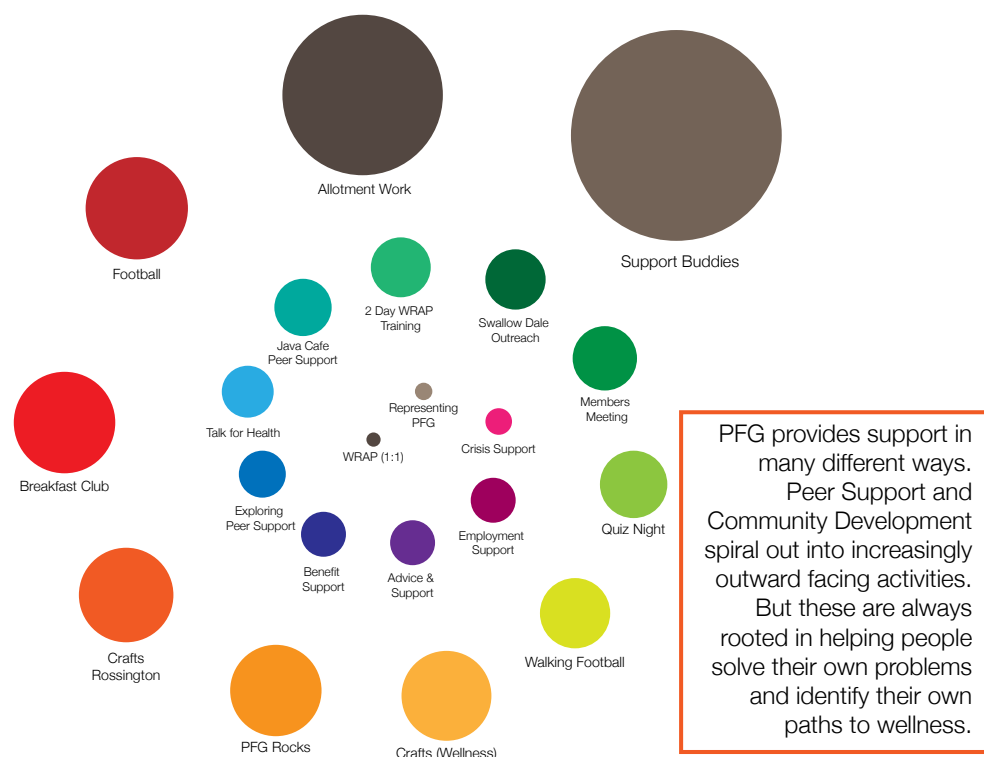


FIGURE 2. PFG Activities (2015)

In 2018 we developed a more sophisticated model for estimating the equivalent cost and relative efficiency of PFG. Working in partnership with PFG Doncaster, Doncaster MBC and the NHS Commissioners we created a framework which would be managed on a month-by-month basis and which would show how much work was being done, what that work cost and what that work would have cost if standard services had been used instead.

Notice that, while the income of PFG Doncaster was very modest it was also able to raise its own funding in addition to some statutory funding (an extra 39% funding comes from non-statutory sources). But this additional financial support is not the most important impact of PFG Doncaster's peer support system. More important than the extra funding is the enormous multiplying effect of PFG's approach to peer support. As people reach out and help each other they do things which would be much more expensive, and sometimes less effective, if statutory services had tried to mimic their work.

In order to get a reasonable measure of the value of peer support Doncaster Council and NHS Doncaster CCG came together, with PFG and with support from the Centre for Welfare Reform to develop a framework for estimating the equivalence of the work of PFG and fully funded public services. The main components of PFG's work were identified as:

1. **Leadership** - PFG has a key leadership team, people who are either employed by PFG or who volunteer on such a regular and managed basis that they can be considered part of a staff team. There is a database of weekly hours provided at different levels of support by the leadership team. In December 2019 there were 18 people providing some level of leadership input to PFG and the wider community.
2. **Peer support** - PFG members are actively providing support to each other or to other people in their communities. A database is maintained to track the level of peer support of all active members. For instance, in December 2019 there were 262 peer supporters providing one of three levels of peer support.
3. **Day centre support** - PFG effectively runs a busy day centre, a place where people can come, meet each other, plan or do activities. Usage is tracked by sign-in sheets for the day centre. For example, in December 2019 there were 1,102 uses of the day centre in the whole month (which is about 50 people per day).
4. **Membership network** - PFG offers people a formal membership network and an internet based Facebook Group, both of which provide support, information and opportunities for connection. The level of support is tracked through the membership list and Facebook Group sign-up. There were 548 registered users of PFG Doncaster at the end of December 2019.
5. **Crisis support** - PFG often helps vulnerable people in the community through times of severe crisis. Input is tracked through a full log of crisis support. For example in December 2018 PFG staff helped 8 people with severe crises for people who were harming themselves, in severe depression or unable to support themselves.

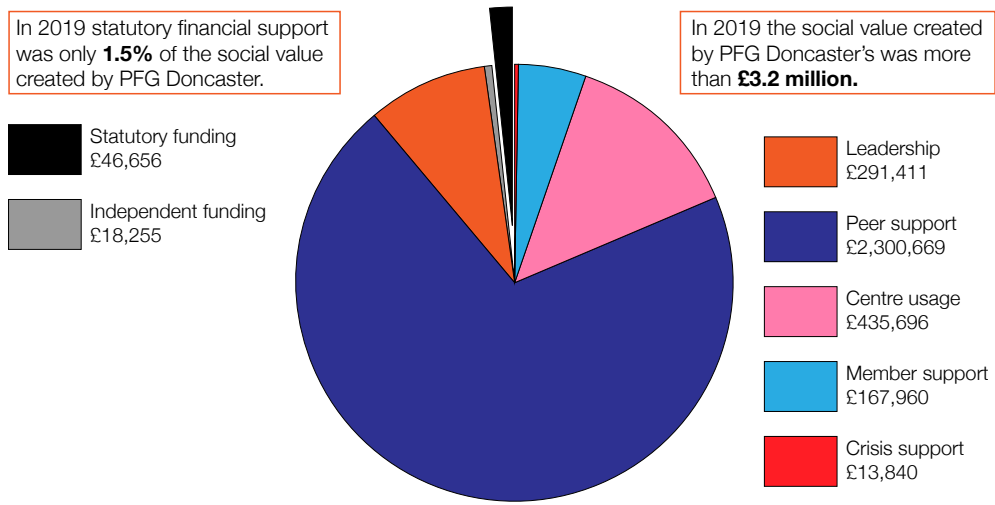
Using this data, combined with agreed rates for the value of these activities, based on standardised rates for statutory services, we were able to construct the data that is represented in Table 1.

	Oct 2019	Nov 2019	Dec 2019	Mean	FYE
<b>Statutory support</b>	£3,888.00	£3,888.00	£3,888.00	£3,888.00	£46,656.00
<b>Other income</b>	£1,112.00	£1,725.89	£1,725.89	£1,521.26	£18,255.12
<b>TOTAL INCOME</b>	£5,000.00	£5,613.89	£5,613.89	£5,409.26	£64,911.12
<b>Financial return</b>	29%	44%	\$\$%	39%	39%
<b>Leadership inputs</b>	£24,695.00	£23,028.56	£25,129.28	£24,284.28	£291,411.36
<b>Peer Support</b>	£175,000.00	£179,013.38	£221,154.02	£191,722.47	£2,300,669.60
<b>Centre usage</b>	£21,750.00	£38,367.00	£48,807.00	£36,308.00	£435,696.00
<b>Membership support</b>	£13,210.00	£14,330.00	£14,450.00	£13,996.67	£167,960.00
<b>Crisis Support</b>	£100.00	£1,440.00	£1,920.00	£1,153.33	£13,840.00
<b>TOTAL Social Return</b>	<b>£234,755.00</b>	<b>£256,178.94</b>	<b>£311,460.30</b>	<b>£267,464.75</b>	<b>£3,209,576.96</b>
<b>PERCENT</b>	1.7%	1.5%	1.2%	1.5%	1.5%
<b>ROI (per £)</b>					£68.79
<b>ROI (%)</b>					6879%

**TABLE 1.** The social value of PFG Doncaster's work

Of course this data puts a financial value on the actions of mutual support that citizens provide each other for free. But there can be no perfect comparison between the price of statutory services (which is based on salaries and other costs) and the unpriced actions of citizens. However neither is there any reason to believe that citizen action has a lower value than professional action. What is perhaps most striking is the enormous return on investment which comes from investing in PFG's approach to peer support. The cost of PFG's work to statutory service was only 1.5% of the value of that work. To put this another way statutory services see nearly £69 value created by spending £1. That is a return on investment of nearly 7,000%.

This work also represents a real step forward in the partnership between PFG Doncaster and statutory services. Initially the group appeared to challenge statutory services, and at times the relationship was very difficult indeed. But great leadership on both sides has led to increasing levels of mutual recognition, support and cooperation. In 2019 this led to the agreement to establish the first ever peer-led crisis and respite service: Safe Space.



**FIGURE 3.** The Value and Cost of PFG Doncaster

## 3. Safe Space

PFG Doncaster, from the very beginning, had hoped that one day they could help provide a genuinely peer-based crisis support service (PFG, 2010).

In fact it was the failure of the standard professional service to offer any crisis support to one its members who was on the point of suicide that marked a real turning point for PFG, as we saw in the case of Lisa above (Duffy, 2012). Similarly, there has been continued testimony as to the problems of the previous crisis management system. As one person who had been passed from pillar to post within the old crisis system put it:

*“I found the support in Doncaster Mental Health to be diabolical. Had it not been for the guys at Safe Space I seriously believe I would not be alive to this day.”*

So it was an important step forward when in November 2019 PFG began negotiations with commissioners in Doncaster to be one of three new peer-led crisis support services. As usual, PFG began work with alacrity and the service was up and running by 19th December 2019, only a few weeks after discussions had begun. From raw personal experience, PFG knew that Christmas can be one of the unhappiest times of the year for some people and peers were eager to make sure they were ready to help in good time.

**The service was contracted to:**

*“provide support, guidance and advice to people who are experiencing poor mental health, crises in mental health and poor emotional state.”*

**The objectives of Safe Space were to:**

- De-escalate crisis and provide a safe space in a calming more non-medical environment
- Identify a person’s needs
- Deliver practical support at the point of presentation
- Navigate and connect to wider statutory and community assets
- Instil a sense of being valued, and identify stability and wellness assets to continue the recovery journey
- Draw upon experience from a wide group of peer support workers, with diverse interests and experience
- Provide a gateway to existing neighbourhood assets
- Stimulate innovative whole system discussion on emerging neighbourhood gaps and partnership response

In order to start delivering such an important service PFG also developed a new level of organisation within their own approach to peer support. Four kinds of peer support role were identified so that PFG members could find the right peer support role so that they could be as helpful as possible. The four roles are:

**Peer Support Deliverers** - Everyone can deliver some kind of peer support, although some people might initially need support to manage a presenting issue or crisis before they are able to deliver. Every member of PFG Doncaster gives and receives peer support as a person with lived experience. There is no special training to be part of a peer group. The fundamental message of PFG Doncaster is that 'you are enough.' Everyone has sufficient life experience to qualify them to be a member of a peer support group and to support others: people helping people.

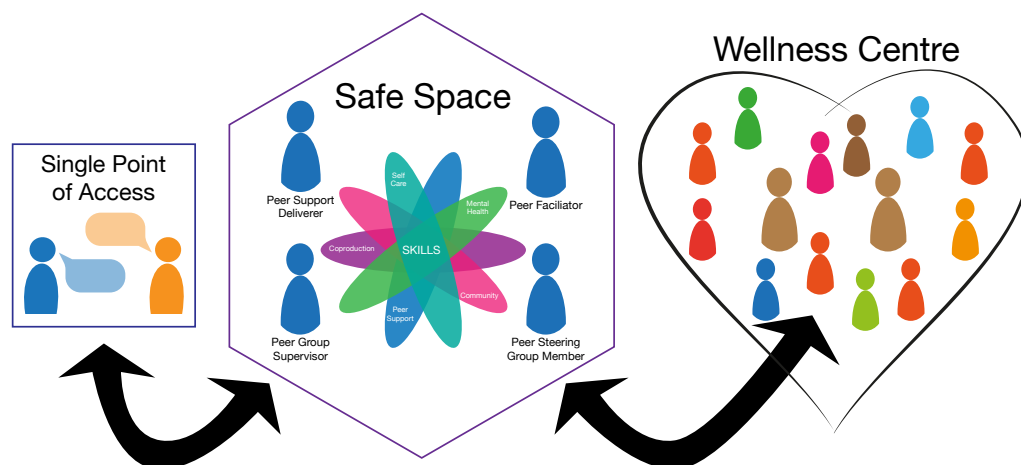
**Peer Facilitator** - This is someone who shares a particular skill with their peer group and commits to support others. This could be peers who runs a crochet class, a football team, cycling, card making, photography or cooking etc. Any skill or interest can be the basis of some peer support action. Some of these peers also take on additional training and they become vital to the operation of The Wellness Centre, for their energy and leadership means can create a wide variety of new opportunities for action, exploration and togetherness.

**Peer Group Supervisor** - This is someone who has taken on additional training (safeguarding training, for example) in order to take on a more significant role. These are people who are further along their own recovery journey and are happy to support facilitators or represent the group at meetings. It is this group of peers who take on some key responsibilities within the Safe Space crisis service.

**Peer Steering Group Members** - PFG Doncaster now has a series of different projects, each with their own steering group which oversees each project. Peers select their own area of interest, make sure projects stay on track, are involved in budgeting and identifying future work.

**Peer support is skilled support although different peers will have different mixtures of skills. The main areas of skill can be broken down as follows:**

1. **Mental health** - knowing about mental health, mental illness and some of the practical measures that can be taken to keep people safe and help people to be well
2. **Peer support** - knowing how to share experiences, comradeship, encouragement and linking people to the range of opportunities created by the peer networks
3. **Community** - knowing about what is available in the local area, what is going on and useful and how you can make connections or start something new
4. **Self-care** - knowing techniques, attitudes and habits that can help people improve their mental health and being able to share these
5. **Co-production** - knowing how to work with services, to advocate, collaborate and organise appropriate support and develop the best possible options



**FIGURE 4.** The Safe Space Model

Combining these skills and using the four peer support roles PFG have been able to develop the Safe Space model which involves 5 phases:

1. **Referral** - PFG Safe Space only takes referrals from the NHS Single Point of Access (SPA) team of people who are seen as needing crisis support. The Peer Facilitator speaks with the SPA team and there is an exploration of needs and risks and any relevant information is shared with the team. Only after this discussion is the person accepted into PFG Safe Space, and this partnership between SPA and PFG seems to have gone very well. In fact it seems as if the scope of the Safe Space has effectively been extended and that often PFG are supporting people with more significant needs than had initially been planned.
2. **Crisis response** - People are offered immediate support 7 days per week (initially from 16.30 to 21.00; but between December 2020 and March 2021 this was extended from 12.00 to 21.30). Initially the goal was to provide support primarily in the Safe Space building, that was created next to the Wellness Centre. However the response has had to be increasingly focused on telephone support as COVID restrictions were imposed.
3. **Follow up support** - PFG stays connected and helps people explore solutions to the problems that led to their mental health crisis. People may become actively involved in PFG and peer support in Doncaster or they may simply find solutions that work for them. Importantly PFG itself managed to create a range of post-COVID adaptations and so even as restrictions limited access to the Wellness Centre new models of support were developed.

4. **Programme development** - PFG Safe Space was one of three distinct peer developments funded by statutory services in Doncaster. Unfortunately the other two services were slower to begin work and struggled to adapt to the COVID restrictions and so have not really been fully operational (see discussion below). However PFG continued to work with statutory and voluntary partners to grow and develop the crisis response as part of wider efforts to reform mental health services.
5. **Monitoring and evaluation** - PFG continued to monitor their performance and to share data with statutory partner in fulfilment of its contract.



**In addition to offering people immediate support in Safe Space people are also helped to get support from other services. For example:**

- Over 57 people have been referred to the Prevention to Intervention Counselling Services (see discussion below for more details about this service).
- People are offered practical support i.e. emergency food packs (over 500), clothing packs, gas cards or electricity cards, beds and bedding, a TV, general small household good etc.
- People are connected to diversionary activities. For example PFG created Peer Pods, small groups of members meeting to provide peer support and engage in outdoor activities like walking or cycling, home delivered craft packs etc.
- People are helped to get access to other key services, such as Citizen’s Advice (on benefits and other rights) or with St Leger Homes (to access housing support).
- People are also given help to attend court hearings for matters such as helping people to get access to their children.



All of this work takes place in partnership with others. Safe Space and peer supporters do provide a great deal of support; but their work cannot substitute for the expertise, authority or resources of other important partners, such as:

- ◆ NHS Doncaster CCG
- ◆ RDaSH – Single Point of Access & Community Mental Health Teams
- ◆ Citizens Advice
- ◆ NHS Accident & Emergency Services
- ◆ South Yorkshire Police
- ◆ St Leger Homes
- ◆ Stainforth 4 All
- ◆ Prevention to Intervention
- ◆ Phoenix Women’s Aid
- ◆ Edlington Helping Hands Centre
- ◆ Many other community organisations and groups

PFG Doncaster is very aware that people do not just need to be connected to PFG or sources of peer support. We need a variety of skills, resources and opportunities in order to thrive and it is important to look at the wider ecology of the community and the service system. It is not so much that some services are not necessary; it is rather that the system often seems biased to more institutional and professional services and that genuinely community-based options are not encouraged or supported to develop and thrive.

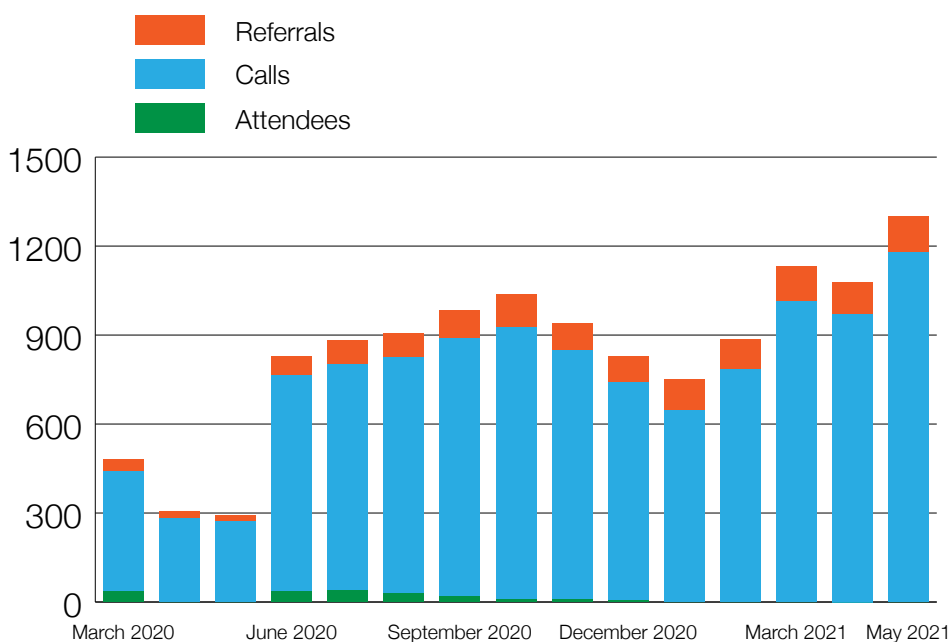
## Safe Space in numbers

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Safe Space was launched quickly; but just around the corner came the COVID-19 pandemic. So many changes had to be made from the service originally planned. Here we have reviewed the data in the Safe Space Register and the Safe Space Diary (as at 23 May 2021) to understand what the Safe Space service achieved in its first year or so.

Over 1,066 people were referred to PFG Doncaster’s Safe Space, with the referrals coming from the NHS Single Point of Access (SPA). 57% of people referred were women and 43% were men. In fact the total number of referrals is about 30% higher than this because sometimes people are referred back to Safe Space more than once. This can be a double referral at the same point of crisis, because someone has rung in again, perhaps at a late hour or because NHS records have not been immediately available. At other times it can simply be that people have had a second crisis, in which case they are already on the register, and so their case is reopened but they are not new to the register. As it stands people cannot access the Safe Space team directly but must always go through the SPA.

Referrals and case numbers have increased throughout the first year. The lowest monthly level for new cases was 24 in January 2020 and 22 in April 2020. The highest levels were 97 in October 2020 and 95 in November 2020. The mean rate of new cases is over 62 per month. However, for the reasons explained above the referral rate is actually higher, and has increased over time, to 122 new referrals in May 2021. Figure 5 presents the referral and call data over time.



**FIGURE 5.** Increasing call and referral rates

138 people were active cases in mid-January 2021 and 665 people were no longer being actively supported. This implies that about 55 cases were closed per month or about 15 cases per week, which is close to the average number of new referrals per week.

Originally the plan was to have the Space Space open 4.30 pm and 9.00 pm, 7 days per week, and to offer phone support within the same period. The original planning assumption was that there would be about 14 visits to the physical safe space and 80 calls per month. In fact, when the Safe Space was open, attendance ranged from 17-38 visits per month (more than double) and there have been 747 calls per month (nearly 10 times more than the original estimate). There is an average of 9.4 calls per person, with the maximum number of 89 calls for one person. In fact the number of phone calls in total has risen quite significantly with nearly 1200 phone calls in May 2021 (see Figure 5).

The objective of the project was to provide a support system to people who presented as having low to moderate levels of urgency of need. However it seems that many referrals have been for people with much higher levels of need, perhaps due to the current COVID-19 crisis and the lack of other forms of appropriate support. There has been acknowledgement of this increased take up and need by RDASH and additional resources were provided to PFG Doncaster to provide more hours of support.

Safe Space was designed to work in collaboration with two other peer-led crisis response teams, to be provided by Open Minds and Mind. Unfortunately Open Minds and Mind were not able to get their services operational, and this has probably also increased the demand on Safe Space. This probably adds to the complexity of the current Safe Space caseload as the other partners were going to focus their support on people needing help with drugs and alcohol and people who are sometimes labelled as High Intensity Users (HIU).

It is impossible to do justice to the unique circumstances that lead an individual to a mental health crisis from the data available in the register. However most records include a note of one or more associated factors and Table 2 represents a summary of the data listed by the SPA team for referrals before January 2021.

Factor	Number	Percentage
Alcohol	66	8%
DV	53	7%
COVID	80	10%
Suicide attempt	84	10%
Bereavement	94	12%
Self-harm	72	9%
Isolation	139	17%
Drugs	59	7%
Relationship issues	124	15%
Anxiety/depression on its own	175	22%
Anxiety/depression + X	231	29%

**TABLE 2.** Factors listed on referral

Anxiety and depression are widespread. But also the overwhelmingly social aspect of mental health is obvious from the data, with bereavement, COVID, isolation, domestic violence or relationship problems are very frequent factors. Drugs and alcohol were playing a part for some, but people turned to self-harm and suicide even more frequently than to drugs, with 84 people having attempted suicide and 79 having harmed themselves in some other way.

Random review of 539 case files		
	71 Active Files	200 Closed Files
Female	62%	54%
Male	38%	46%
Attempted or thinking about suicide	40%	40%
<b>Background Issues</b>		
Presentations of self-harm	14%	12%
History of anxiety or depression	24%	73%
<b>Current pressing issues</b>		
Bereavement	16%	7%
Drugs/alcohol	18%	23%
COVID & social isolation	28%	26%
Family/relationship problems	12%	20%
Domestic violence	11%	11%
Housing problems	6%	10%
Financial problems	46%	6%
Carer (i.e helping family of someone with mental health problems)	4%	6%

**TABLE 3.** More detailed analysis of case files

A more detailed random analysis of some of a smaller number of these cases was carried out in October 2020 (PFG 2020). The data in Table 3 presents a revealing account of the importance of the support and of the factors driving crisis, mental illness and suicide in our communities.

In particular it is striking that the suicide risk is much higher on this closer look and that financial, housing and benefit worries - which are not mentioned in the referral data listed in Table 2 - are very significant factor. Also the impact of COVID also seems to be a bigger factor in this analysis.

## The Impact of Safe Space

Here are some example of the work of Safe Space (although names and personal details have been changed to protect people's right to privacy).

Joe was put in touch with Safe Space after trying to kill himself. He is young man who had experienced a whole range of tough knocks, bereavement, relationship breakdown and an accident which seemed to put his whole livelihood at work. After 35 supportive phone calls (lasting 30-60 minutes) Joe has got his life back on track, started a new business and is feeling much more positive:

*“Safe Space got me through the worst months of my life when all I wanted to do was end my life. I was unable to see a future but felt the constant support from Safe Space is what has made the difference. My relationship with Safe Space is unlike anything I have previously experienced. It’s a solid network of support that doesn’t give up on you. The people there are really friendly and shared their experience which made it feel really personal.”*

Tony made a very serious suicide attempt. His marriage and his business had collapsed; he has serious health problems and he was the main carer for his elderly parents. A combination of 22 meetings and 43 phone calls enabled Tony to begin his recovery and he is now an active member of PFG who is frequently helping others:

*“I don’t know where I would be now if I hadn’t been lucky enough to have found Safe Space... I have met some great people that just get where I am coming from... I didn’t have to pretend and I wish I had spoke out sooner.”*

Henry had always been in work. But he lost his job, then he lost his home. He tried to commit suicide, overwhelmed by guilt and a sense of failure. Safe Space provided practical support to help him access benefits and get advice on funding work. Henry joined in shared activities and says that Safe Space literally saved his life. He isn't ashamed that his mental health “broke” for he had been keeping the pressure under wraps for so long that it just “exploded.” Henry enjoys supporting other people and he plans to help run a men's group after lockdown.

What is particularly striking about these men's experience and reflections is the important of connecting with people to whom they can relate as equals: people we've been down at rock bottom, people who have suffered and who are willing to share their own experiences, people who have been able to find a way up and climb to a better place.

This is the key to peer support, genuine shared experience and connection to a real and vibrant community.

Poetry and creative writing plays a vital part in the work of PFG Doncaster and they have a long-standing relationship with Doncaster poet Michèle Beck. This poem by Beth Quinton shines a light on some of the reasons why PFG Doncaster's approach to providing a Safe Space through a community of peer supporters appears to be so successful:

My safe space isn't just for me  
Let us look at community mental health and make it something for  
all to see.  
So many peer supporters you know will understand  
When you are feeling lost and alone, someone to hold your hand.  
If it is what I need I can quickly get my medication  
If life is too hard, like I need a vacation  
There is somewhere I can be  
safe and supported  
I can be me.  
My own 'hotel room' with an outdoor space  
Until the world I am ready to face.  
Some day that is not too far away I hope we all can see that  
Mental health should not be tackled alone - it is for a community.  
When people work as a team  
When mental well health is not just a dream.  
A neighbour, a friend, someone you don't yet know  
Can be a peer supporter, it's the way to go.  
Doctors, nurses, pharmacists too  
Working together can only help you.  
Life's not too hard when I don't fear lack of access to medication  
At last my mental ill health is on a long vacation.  
This fantastic community is where I want to be  
It is safe and supportive  
I CAN BE ME

Molly wrote her own reflections here and was happy to share them:

*“My name is Molly. I’m 20 years of age. A few months ago I was in a very bad way - homeless. I’m a care leaver my social worker was not there to help me and I came to the point where I wanted to die. But I was referred to Safe Space. It was the best thing that ever happened to me. They listened to me, helped me get me somewhere safe to stay, they got me off the streets. I was sleeping rough with drug abuse all around me. Anything could have happened.*

*“They took their time out to help me. They believed in me like no one has ever in my life. I don’t know where I would be if they didn’t get me off the streets. I’m sure they help many other people in my situation. THEY LISTEN - THEY CARE - something I’ve never had. They still check up on me now I’ve got my own flat; I’ve even got a job.*

*“Kelly the Manger is amazing she makes you feel comfortable, makes you feel like you’re normal - like no one else had before. If it wasn’t for Safe Space, well I don’t know where I would be. They are amazing and doing amazing work and they deserve a lot of credit. They saved me! Thank you Molly x”*

Another man wrote to say thanks for the practical help he received:

*“I hope my email finds you well! Would you consider this a thank you email from me! I am very grateful for the help you and your team have offered me in making sure I relocate to a safe place. I can’t say how grateful I am. My mental health was becoming very bad because of the situation at my old house. Since I got the key to my current accommodation, I realised a lot has changed within me. The fear and panic attacks have gone down. I feel happier within myself. I must say a massive thank you to you and your team. I am so grateful. I will do my best to contribute greatly to the development of the community and make you proud for helping me relocate to a safe place. If there is ever anything I can do to help in any way, please do let me know. Thank you, once again.”*

The Centre for Welfare Reform also filmed a webinar with various members of PFG and some of their comments are included here. For instance, Glyn Butcher stated:

*“Peer support saved my life.”*

Another member described the powerful force of acceptance that runs through PFG’s approach to peer support:

*“I’ve never experienced anything like PFG... I am not judged and can truly be myself... It has been a lifeline for me. Acceptance is very powerful... My contributions in whatever shape or form are valid and taken seriously. Being part of PFG is like being part of a wonderful journey with hope friendship, support and inclusion.”*

This support is not just emotional, it's often very practical:

*"I need help. I'm a person who needs help. I needed the help from the group to get the support I need... PFG is the best support group in the world."*

Someone else who only joined PFG during the pandemic said:

*"I've made loads of new friends."*

Another lady wrote to PFG to thank them for their support:

*"That aside, I have suffered from mental health issues throughout my entire life and during that time have had uncountable negative experiences... You and Jackie (and who's the lady with the furless cat - Sharon?) have made me feel un-judged, appreciated for who I am and that has contributed hugely to my ability to cope with my current mental state as well as accepting that, although present circumstances are undoubtedly contributory, that my struggle exists regardless!! Also we had contact last year mainly with Sharon (I think it was) who spoke to both my husband Joe and I, sometimes just with Joe, and I would like to add that she helped us immensely, especially Joe, who I know finds it difficult to see me going through my 'bad episodes'.*

*"I can't thank you enough!*

*"Regarding 'improvements', as my condition is mood related (Bipolar spectrum), it would be extremely beneficial to be able to contact you directly when (I'd love to say 'if') an 'episode' occurs, rather than having to constantly go through 'procedures' with different people who I am unfamiliar with and continuously explain this far too often embarrassing 'thing' that I have; fearful of being judged!"*

## Part of a team

Safe Space doesn't exist in a vacuum. It's part of a system and must work closely with existing statutory services, in particular with the Single Point of Access (SPA) team who receive calls from the public and who make the referrals to Safe Space. Without a good relationship between the SPA and Safe Space everything would fall apart. Thankfully the relationship is very strong and the SPA clearly value the work of Safe Space.

We gathered feedback from 9 members of the SPA team on 6 questions. These quotes reflect the range of responses we received to the questions:

### Question 1: How easy is it to refer to Safe Space?

*"It is very easy to refer to Safe Space."*

### Question 2: Do you think that our peers answer calls in a professional and courteous manner; if not what could be improved?

*"I have always been greeted on the phone by helpful friendly staff, willing to accept all referrals, and people who seem genuinely interested and knowledgeable."*

*"Absolutely fantastic."*

*"When making a referral call the phone is always answered professionally and courteously."*

### Question 3: When you speak to one of our peers, do you feel that are they knowledgeable, have experience and able to meet the needs of the people?

*"Yes, I feel confident that service users will get a good service on receipt of the referral."*

*"Without a doubt."*

### Question 4: What do you think about the partnership arrangement with Safe Space?

*"This is great connected service."*

*"Very much needed and a welcome development."*

*"I feel it has been a fantastic service, which has been very supportive for patients."*

### Question 5: If Safe Space hadn't been available during the pandemic, how would this have affected the Crisis Team? Would the team have been able to manage the demand or type of demand?

*"The extra support Safe Space has provided during the pandemic has been invaluable. People are really struggling without support, and I feel that there would have been many more crisis attendances in A&E without their continued support."*



*“Doesn’t bear thinking about - would have been very difficult.”*

*“It would have been difficult to manage without them.”*

*“It would have made our role a lot more difficult.”*

**Question 6: Anything else?**

*“We are very happy with service, and it will be even better when face-to-face. People are desperate for human contact, support and connections. But a big thank you from me. You’re an amazing group of people and very valued.”*

*“Fab service.”*

*“Keep up the good work!”*

The feedback is overwhelmingly, and almost disconcertingly, positive, with not one negative comment or criticism, and a real sense that the SPA team want to build on the positive experiences of the last 18 months to ensure that peer support remains in place for the long run.



## Questions and challenges

The most obvious sign of the success of Safe Space is the fact that the level of referrals has continued to grow as the Single Point of Access team has seen the positive impact of the peer support on the lives of people who are in crisis. The Single Point of Access (SPA) includes the Mental Health Crisis Team, Home Treatment, Hospital Liaison and the Recovery Lounge. So there is a very broad base for the referrals Safe Space receive.

Without this partnership it is unlikely that any progress could be made. Both professionals and peer supporters need to feel that their judgments are valid and that their work has value. As Kelly Hicks says:

*“The relationship with the Crisis Team is crucial to the success of Safe Space. Together we’ve built really close, professional and supportive relationships. There’s a genuine feeling of being one team amongst all involved. This has developed over time, as trust has built and workers have witnessed first hand the outcomes of peer support.”*

It’s clear from the data and from the experience of providing peer support that solving financial problems are often a matter of life and death. PFG have been able to get access to national systems that give people cards with resources for covering gas or electricity bills. They have also been able to get invaluable help from Edlington Helping Hands Centre who have a benefits worker who can help people with the time-consuming task of making applications for disability benefits, like the Personal Independence Payment (PIP). Kelly also observed:

*“It would be great to have a pot of funding for small scale interventions such as providing a £10 electric top up. This could be the difference between someone presenting at A&E or not.”*

It’s also striking that the SPA referral data doesn’t seem to pick up many of the financial, housing or other socio-economic factors that are closely linked to mental health. This data could be very helpful for making the case for wider social and economic reforms and it is concerning that the assessment data seems rather unbalanced and focused on medical terminology rather than policy and socio-economic factors.

Within Safe Space one of the most pressing issues is access to the kind of counselling currently provided by Prevention to Intervention. Currently it often seems that people need to wait far too long to get a counselling service and many such services seem to exclude people with the most severe or urgent needs (for example, people who’ve recently tried to commit suicide). This seems to effectively exclude those who need the service the most.

PFG Doncaster collaborated with Prevention to Intervention to obtain some funding external to the Safe Space contract and in addition they also co-hosted 7 student counsellors who give their time to Safe Space as part of the training. Referrals to the counsellors go through the Safe Space team, and appointment slots are offered within 2 working days of the initial referral. For the team running Safe Space it feels like this kind of counselling support should be much more readily available in future:

*“There is a clear need to have counselling support alongside us. We have learnt that this needs to be fast access.”*

Another important issue seems to be timing. The initial model effectively created an out-of-hours service. However, when the hours were extended to start at 12.00 instead of 16.30 many advantages were revealed. It means that Safe Space can be in contact with many of the other services or community groups who are not available in the evening. This opens the door to more effective support for people in critical need. In addition the earlier opening hours spread the load of referrals more evenly through the day and allow for a better quality of support to people with more complex needs.

Overall it seems clear that Safe Space is offering a unique and invaluable service which complements existing professional services and which works in harmony with those services. It is operating at an even higher level than was planned and it is important that its statutory partners recognise both the value of the service and its intimate link to the Wellness Centre and the whole peer support structure.

Safe Space was developed alongside two other peer support projects, although both the other two projects have had some challenges and started work much later than Safe Space. Hopefully there will be a chance to develop the next steps of peer support crisis support. It will be important to reflect on the danger of narrow exclusion criteria or delays in service that can undermine the effectiveness of a crisis response.

## 4. COVID Safety

The central purpose of this report was not to explore the impact of the COVID-19 pandemic. But it is impossible to ignore the importance of COVID and its impact on PFG, Safe Space, services and the whole community. Not only did it put great pressure on individuals and families, and as we've seen from the data above, but it also exposed the ability (or inability) of different systems to respond to urgent and rapid change.

For PFG the most obvious impact was the need, after a careful risk analysis, to close down the Wellness Centre and to make much more limited use of the Safe Space building.

In fact PFG closed the Wellness Centre 2 weeks before other services. Fortunately the team had been paying attention to the infection rates and their likely impact and this gave them a head start to protect people and to come up with other ways to keep people connected. One possible side-effect of this is that PFG members have had a very low infection rate and given the medical vulnerability of many members this has been very fortunate.

The Safe Space programme had to adapt. COVID-19 both increased demand, but also reduced community resources as many other services simply closed down during the lockdown periods. This meant that PFG had to provide extra levels of support to stay in touch with people for longer than they might otherwise. A new 'step-down' role was identified so as people got over the initial crisis peer supporters could ring and offer phone support from their own home.

However closing the Centre had an immediate effect on the emotional wellbeing of people and prevented referrals from Safe Space for those needed ongoing support once their crises had been managed. The Centre was a valuable resource to many in the community, allowing people to turn up as they needed without an appointment and knowing there would be a friendly welcome.

**Below we've listed a few of the measures taken and the adaptations made by PFG during the COVID-19 pandemic:**

**Regular assessments of risk** - A regularly updated review was carried out of all the members, particularly focusing on those at greatest risk. Everybody was still treated as a member of the group and everybody's health and wellbeing mattered.

**Staying in touch** - For some of those most at risk it was necessary to purchase 10 mobile phones which were used to ensure that people could stay in touch with a peer. People were matched together to provide mutual support and regular contact.

**Help with food** - Food packs were made available to people who had to self-isolate and also people who needed additional assistance and so were unable to go and buy food. Food couldn't be collected, instead Peer Volunteers delivered the food at their own expense. PFG also provided (although it was not part of the NHS contract) food parcels to people who used Safe Space. As we have seen above, poverty is one of the most powerful driving factors of mental breakdown. Between March and September 2020 over 400 food parcels were delivered and at Christmas 500 people were supported to have meals and to join a virtual party.

**Social media** - Facebook has been a vital tool in enabling people to stay in touch with each other and to alert people when they need support. Peers responded to calls for help around the clock.

**Peer pods** - When regulations allowed PFG organised Peer Pods - 6 peers meeting together outside to meet, do shared activities and stay well.

**Back Alley Garden Project** - PFG has been redeveloping the waste space behind the Wellness Centre with support from Keepmoat Construction, the Rotary Club and the Lions. This has created a great opportunity for peers and local people to meet and to work together making something beautiful for everyone to share.

**7 day a week Zoom** - Regular Zoom meetings, open to all members, have given people a chance to connect up, chat and offer mutual support. For people struggling to connect 1:1 training sessions have been provided. This also helps reduce the pressure to use the telephone and provides a regular event at a time which is often a difficult period for mental health.

**Training for Peer Support** - 15 peers supporters have been trained to support the work at Safe Space and 2 of these are people who have also used Safe Space. Unfortunately COVID restrictions have not allowed the training to be completed and this has unfortunately restricted access to additional Safe Space capacity.

**Support from the National Lottery** - Fortunately PFG have received considerable support from the National Lottery. A regular contact point was established and the grant manager was able to see first-hand the work PFG were doing. Extra funding allowed for the recruitment of a BAME, a Transgender worker, dedicated time for the extra Zoom sessions, craft packs and other practical resources.

**Service development** - PFG have remained very active in working with voluntary and statutory partners on the Creating the Change project to redesign community mental health services and other development work.

**Digital inclusion** - A local councillor helped PFG purchase 10 netbooks and clean up donated laptops so that people could get access to the internet. Peers have also been teaching each other how to use this technology.

**Vaccinations** - PFG are also working to support people with serious mental illness and people who from minority ethnic background to get the right information about the COVID vaccines.

**The ups and downs of lockdown for PFG are well summarised by Amanda here:**

*“Without PFG I have lost a significant part of my daily routine. When I am well with my mental health, I try to go to PFG most days. It gives me a reason to get up in a morning and challenge myself by getting on buses to see my friends. During lockdown I have missed this very much. I have felt completely lost without it. I’ve realised just how very important going to PFG is to me, I always valued it but now I have a deeper appreciation for it. It is part of what keeps me well mentally. Most importantly it is somewhere I can go however I am feeling. No matter what mood I am in, I am accepted for just being me. The daily activities and groups keep my mind busy. I have struggled without PFG to go to.*

*“The connection with PFG and fellow peers and friends has been maintained through the Facebook page, plus through messages too. This has helped me feel less alone as lockdown on my own has been tough. Knowing that I can reach out to someone and feel part of this wonderful group means everything to me.*

*The support calls I received from Wendy Robinson and Stuart Marshall were amazing. They listened and supported me when I was depressed and anxious and laughed with me when I felt more upbeat. They were an invaluable part of my week and I looked forward to them immensely. The peer support calls also provided a great support system for me to turn to when needed. I do have some family I can talk to, but not frequently, so having those calls really helped me*

*“I have done different things to keep me going during lockdown: gardening, long walks (discovering new parts of my neighbourhood), cooking, baking, craft projects, reading, video calls with my sister and niece. I don’t think anything else could have made it better as I have done the best I can to get through each day.*

*“My mental health has been very up and down throughout lockdown. I coped OK during the first few weeks and kept myself occupied. Then I fell into a deep depression, I spent a lot of time either in bed or on my settee with the curtains closed. My sleep was very poor and erratic. I had no concentration or motivation to do things that would distract my thoughts going round and round my head. My self-care was bad and my eating habits were not good. My anxiety spiked a lot during this time. Thankfully I slowly came out of this dip in mood. The depression still lurks and I have the odd bad day but overall, it is much better, more manageable.*

*“The main fear I have coming out of lockdown is integrating with people again after so long on my own. I have high anxiety about shopping and how the rules about social distancing will be implemented. I will continue to do the most of my shopping online because the thought of shopping and trying not to get close to people fills me with dread. I am also very wary of getting buses and taxis because of the fear of catching coronavirus and germs in general. I have become paranoid about germs and feel much happier when I can walk somewhere instead of via public transport or a taxi.”*

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Amanda will not be alone. The impact of lockdowns and the pandemic itself will likely continue for a long period. However, as lockdown was somewhat eased, the group reflected on what they had learned during the COVID-19 pandemic:

1. **We survived COVID-19** - so we can do it again.
2. **Sticking with it** - you find out which organisations disappear and which ones remain serving the community though the COVID-19 pandemic.
3. **Community** - community cohesion and peer support led the charge towards social recovery within our community - not statutory services.
4. **Services** - it was so difficult to connect to professionals in the midst of a national crisis like the COVID-19 pandemic.
5. **Connecting** - the power of people connecting within our communities saved lives, reduced the cost and strain on our NHS.
6. **Poverty** - lots of people in Doncaster live in digital poverty, food poverty and hygiene poverty and needed help and support through PFG and our community partners.
7. **Peer support works** - we mustn’t write people off, abandon them or let them become invisible. We have lots of community heroes.

8. **Christmas** - PFG and our partners provided over 300 meals to people in our community who wouldn't have had a Christmas dinner or presents after loss of job, loss of wages and shops being closed. The power of community provided all this.
9. **We can work flexibly** - we can change and re-evaluate how to deliver our services in a COVID-19 safe way for all. And we delivered above and beyond our core offer.
10. **Safe Space didn't close** - our peer support heroes kept it going all way though lockdown, working in close partnership with the SPA team. And we can do it again.

Overall PFG reacted to the COVID crisis like they have done to so many other challenges. Instead of retreating or furloughing PFG did more work. They focused on keeping people safe and developing a flexible response to keep people well. Services like Safe Space, had to continue, but often this meant one person sitting in the building and directing calls to different peers at home.

It is testimony to the care PFG took that during the first wave of COVID-19 there were no cases of COVID across PFG's large membership, and only 7 confirmed cases in the second wave.



## 5. Risks for Peer Support

Since PFG Doncaster began there has been growing interest in peer support, locally, nationally and globally. PFG have played an important role in this with their work winning awards and inspiring others.

However the growth and development of PFG has not been easy and it would be a mistake to think that the group's success was inevitable. There are at least three major risks for PFG Doncaster and we will briefly review them here, but particularly focusing on the risk that currently seems the most significant - corruption of the peer support idea.

### Leadership

The two most obvious challenges for growing peer support are lack of leadership and lack of resources. Both of these challenges might be better restated as the need to guarantee the right kind of leadership and the need to get access to the right kind of economic support. For peer support to thrive leadership and money are not enough and this is why the whole idea of 'commissioning' or 'implementing' peer support will not work.

This is not the place for a detailed analysis of the role of PFG's leadership but anyone familiar with the work of Kelly Hicks and the team around will notice that she has combined several critical skills or values in a way that is not very typical:

**Highly facilitative** - able demonstrate faith in people's capacity, encourage action and create structures that let people flourish on their own terms.

**Focused on inclusion** - able to respond to new challenges, to see people in extreme need and to help people find solutions urgently and with impassioned advocacy.

**Resilience** - able to survive attacks on her integrity, capable to finding hope in the darkest times and able to nurture friendships and alliances with faith and commitment.

**Mediator** - able to see different points of view, to help people step away from conflicts, mend bridges and find the courage to try again.

Kelly Hicks never plays at being a heroine. She tends to stay away from public roles; she has built a team of peers with multiple inter-locking talents. But this role is certainly not the kind of role anyone could easily play. A job description won't cut it.

Without this leadership PFG Doncaster would have struggled to survive, particularly in the early and most difficult years, when external support was lacking. However this does not mean that we cannot help grow the capacity for the necessary forms of cooperation and leadership that build on the lessons Kelly teaches. What is required are learning communities, similar to those we see described by Vidyarthi and Wilson, who explore what is required in principled-based facilitation (Vidyarthi & Wilson, 2008).



## Resources

The battle to obtain the right kind of resources to support PFG Doncaster has been very long indeed. When we look at the enormous effectiveness and power of PFG's work it may seem extraordinary that for nearly 10 years the group survived on a tiny income, a mixture of grants, donations and small pieces of project funding.

Sadly this is not untypical. As we have explored in *Women at the Centre* current models of procurement and contracting seem to be designed to direct funding towards the wrong services (Duffy & Hyde, 2011). Older services often seem to continue, even when they are problematic, institutional or ineffective. Newer, innovative services, that challenge old ways of thinking, are treated as a threat and struggle to get the support they need.

Also, despite much talk of 'asset-based' or 'place-based' approaches it seems that statutory services are often happier purchasing services from private or external agencies rather than investing back in the community itself. In our *Whose Community Is It Anyway?* report we noted that although PFG was clearly a highly User-Led Organisation (ULO), exceeding the normal standards, it actually didn't fit the model for ULOs that had been published by the Department of Health (Duffy, 2013). Adopting the right jargon is not enough to break bad commissioning habits.

It feels like today PFG may have begun to turn the corner in Doncaster. They have now developed very strong relationships with statutory services and leaders in Doncaster Council. There is a much greater degree of understanding of the positive contribution that PFG is making to Doncaster's people and neighbourhoods. But there is still much work to be done and there is still not yet a reasonable and secure funding relationship for the medium to long-term.

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## Corruption of Peer Support

When new ideas start to become more acceptable to the prevailing system then there is always a severe risk that the idea will be adopted poorly and, in the process, corrupted. This may seem extreme but it is a common problem with all social innovations and in social care it has recently been observed in regard to Local Area Coordination, Person-Centred Planning and Self-Directed Support (Breedlove, 2020; Broad, 2012; O'Brien & Mount, 2015).

At the moment one of the key risks for PFG and the peer support movement appears to be the development of professionalised peer support. This involves the mental health system employing people as professional staff with the role of providing peer support. Of course, the problem is not that the mental health system is employing people with lived experience of mental illness or distress. This is a good thing.

In fact it is almost certainly the case that people with lived experience will bring more to their work and that being able to talk about personal experiences will be helpful at every level. As one professional peer supporter explained:

*“My role was sharing my life experiences with young people... I had my own caseload and attended training to develop my role. The good parts were eventually making the role my own and eventually earning the trust from colleagues. I had a great support network around me too - regular supervision and I felt a part of the team in the end. I loved my role working with young people and I regained my confidence. In time I felt quite proud how my role developed and was able to develop professionally as I took a Counselling Degree on too. My role enabled me to link in with other pathways. I have fond memories and bump into people I worked with now. I was proud that I regained my confidence and without this role I would not be without I was today.”*

However a professionalised peer support is not peer support as we understand it here and the limitations of this approach in comparison to true peer support are legion. As one professional peer supporter said:

*“Working in mental health it’s good to have insight. But there needs to be differences between peer support and actually working in services. It does have to be different - that’s okay - they are just different roles - both are valued - both are needed.”*

**Professional boundaries** - One of the major challenges of employing peer supporters within the mental health system is that as an employee you are bound by the same bureaucratic rules as other staff. As one professional peer supporter put it:

*“You can’t really employ peer supporters, because when you work in the system you can’t talk about your personal experience. Peer support means you can say ‘I know where you’re coming from...’ because you’ve been through something similar. With service users it’s excellent - you understand them at a different level - you can think outside the box. But in the system you can’t be friends with the people you’re helping - it raises safeguarding issues - there’s so much bureaucracy it’s impossible.”*

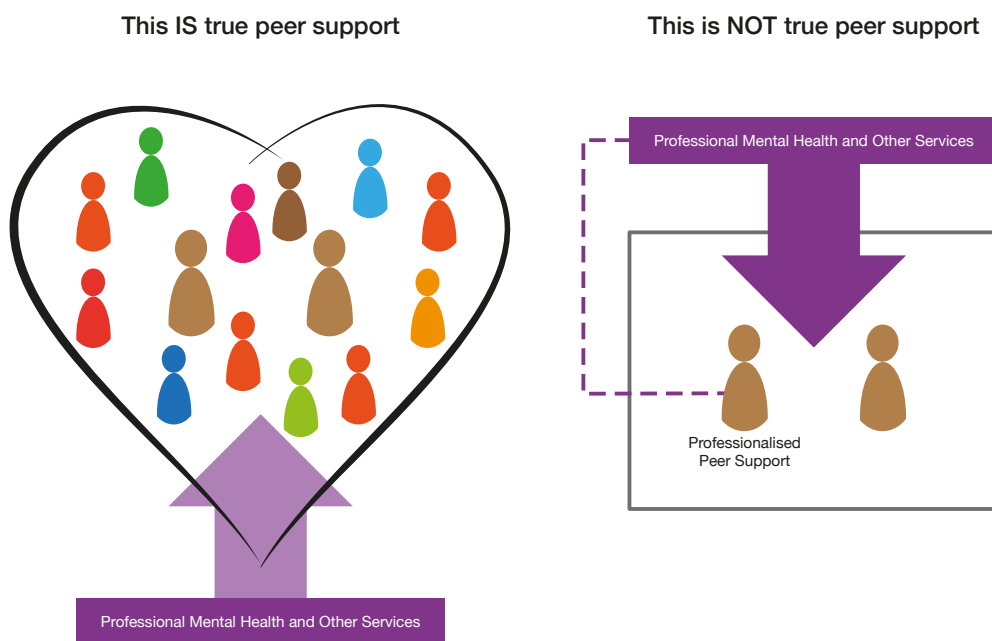
**Stigma within mental health services** - Unfortunately stigma and shame about mental health operates within the mental health system itself. Peers supporters working inside the systems are at risk of being disrespected and patronised and this can undermine your role within the team:

*“You can’t be honest about who you are, it makes working in the service more difficult and you can’t tell people who you are unwell yourself.”*

Another professional peer supporter said:

*“The worst parts were that some members of the team would not use me to start with, which knocked my confidence. Some older members of the team stated it was wrong to share my life experiences. I felt watched too, as people knew my role entailed me having mental health problems.”*

But perhaps the most important risk with professionalised peer support is that it replaces a peer support community with a professional community. This doesn't mean the professional community is bad (it's often excellent) but it is very different. Peer support, as represented in Figure 6, is about people supporting people and it involves creating a community where people not only can get help, but can give help too. Professionalised peer support reduces peer support to the sharing of lived experience - this is valuable - but only a fraction of what peer support is about.



**FIGURE 6.** True peer support

The real challenge, within the confines of the current socio-economic system, is that many people with mental health problems rely on a benefit system which is punitive but which it is risky to abandon and also that many people do want to be peer supporters, but don't want a job in mental health services. If statutory services to want to employ more people with lived experience it is probably worth PFG and mental health service leaders agreeing a strategy that builds on the current partnership:

- Continue to support PFG to continue growing genuine peer support
- Work with PFG to enable peer support to reach out to wards or other existing services
- Create a development pathway for people who do want to try paid employment in mental health

## 6. Growing true Peer Support

Looking to the future there are many reasons to be optimistic about PFG Doncaster and the growing impact of peer support. There are threats, but there are also emerging opportunities for further development, so here we will outline a few positive trajectories:

**Engaging with the Mental Health reform agenda** - There seems to be an even greater willingness by leaders within statutory services to reexamine some of the assumptions we make about what good mental health services. As many have observed, there is no empirical evidence to actually support the current status quo (Crisp, 2010). We need to pay more attention to the factors that we know really increase mental illness and by much more curious and open-minded about new solutions.

In particular we need to focus more on how to encourage communities themselves to respond to the reality of mental illness and to support people in every step of the journey to recovery and resilience. PFG has evolved as part of that community-based solution. It has eventually built a good relationship with the statutory sector. Today there are multiple opportunities to build on that relationship in a way that respects the necessary role of both partners.

**Establish new funding arrangements** - The old systems of tendering and procurement that have done so much harm to community services are now being questioned, and in some places dismantled (Duffy, 2017a). The old excuse (which was frequently used, although technically inaccurate) that these systems were a requirement of EU law is clearly now redundant (Howells & Yapp, 2013). There is no reason not to develop funding arrangements that are more respectful of the integrity and rootedness of so many good community solution.

PFG is extremely efficient, by any measure. Its impacts are also far wider than anyone service system. It is an asset for the whole community in Doncaster (and beyond). It helps reduce mental ill health, increases inclusion for disabled people, it strengthens community life and helps create new opportunities and forms of social enterprise. The breadth and depth of its work deserves investment and a long-term partnership.

**Neighbourhood development** - Another important opportunity is to think of PFG's work from the perspective of neighbourhood development. Current plans for Doncaster include the creation of four very large areas (called neighbourhoods) but real neighbourhoods are much smaller than this and they provide the basic infrastructure of community life (Russell, 2020). Councils and statutory authorities would be wise to explore models that seek to explore local neighbourhood development at truly neighbourhood scale (Duffy, 2017b; Whillans-Welldrake, 2020).

In this respect PFG could be a real pioneer. PFG has created both a horizontal community and a vertical community. The horizontal community connects people with mental health problems across Doncaster and beyond. The vertical community is rooted in Intake and is transforming the local community through action, enterprise and

solidarity. It has also supported the development of other locally rooted initiatives (like the Denby Bumping Space).

Many places are starting to realise, especially after the COVID-19 pandemic, that people cannot thrive and stay safe unless communities come to life. The basic unit of community is the neighbourhood and this new life means the development of local powers, locally-managed resources, key responsibilities and democratic structures. PFG could be a key partner in helping Doncaster develop its own approach to Neighbourhood Democracy.

**Growing peer support through peer support** - PFG is a founding member of Citizen Network, a global cooperative dedicated to advancing citizenship for all. Over the past few years other places are emerging where genuine peer support is developing - in Finland, the USA, Australia, Lithuania. It may be time to begin the development of a global movement for peer support, linking together people around the world to share learning and protect the integrity of true peer support.

It has been an honour to be invited back into to the world of PFG during the past few months to help document the success and challenges of Safe Space of PFG Doncaster's ongoing work. I hope that the Centre for Welfare Reform, Citizen Network and the growing Neighbourhood Democracy Movement can each help share this learning with a wider audience and inspire others to follow in its path - people helping people.

# READING

This report is based on a range of confidential interviews with people working in mental health services, people using services and members of PFG Doncaster. We have also had access to the Outcomes data, the Safe Space Register and Safe Space Diary (anonymised) and to various feedback forms for staff and users.

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## About the Author

**Dr Simon Duffy** is Director of the Centre for Welfare Reform and President of Citizen Network Coop. In 2008 he was awarded the RSA's Prince Albert Medal for his development of self-directed support in social care and in 2011 the Social Policy Association's Award for Outstanding Contribution to Social Policy.

## PFG

The People Focused Group (PFG) are pioneers in the power of peer support who are embracing a new way to deliver community support. At The People Focused Group (PFG Doncaster) everyone is a member and a peer supporter.

Peer Support is simple. We're all different. We've all got something to give. We all need each other. We are all helpers and people being helped. It might be cheering someone up with a smile, or helping with something more practical. Our home is The Wellness Centre where many activities happen.

Read more at: [www.peoplefocused.org.uk](http://www.peoplefocused.org.uk)

Join the PFG on [Facebook](#)

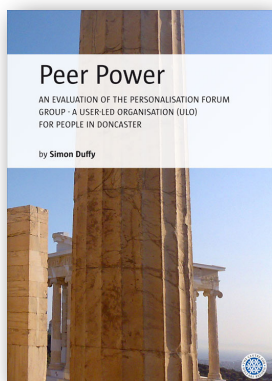
Email: [kellypfg@gmail.com](mailto:kellypfg@gmail.com)

## Centre for Welfare Reform

The Centre for Welfare Reform is an independent research and development network. Its aim is to transform the current welfare state so that it supports citizenship, family and community. It works by developing and sharing social innovations and influencing government and society to achieve necessary reforms.

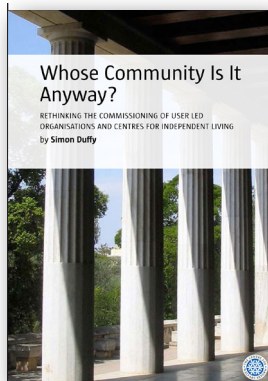
To find out more go to: [www.centreforwelfarereform.org](http://www.centreforwelfarereform.org)

## Relevant Publications



### PEER POWER

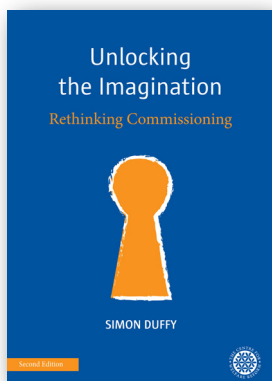
This report explores the inspirational work of the PFG. At the heart of the group's effectiveness is passion and self-belief, fostered by mutual support and respect.



### WHOSE COMMUNITY IS IT ANYWAY?

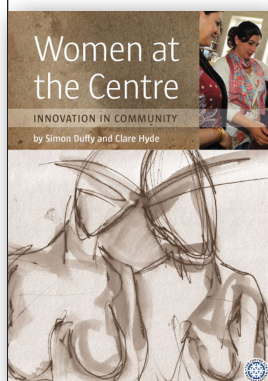
It's time to re-think commissioning and work with communities in a real partnership of equals.

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### UNLOCKING THE IMAGINATION

This paper offers a path for commissioners who want to create the conditions for citizenship and stronger communities for everyone.



### WOMEN AT THE CENTRE

An exploration of the positive work of WomenCentre in tackling crime, domestic violence, mental illness and well-being for women and their families.





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